Trust Sepsis Update

February 2024

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Lisa Ward, ADN (Patient Safety) & CNIO
Kirsty McGee, AI & AKI Matron & Sepsis Lead

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#TeamCDDFT

www.cddft.nhs.uk

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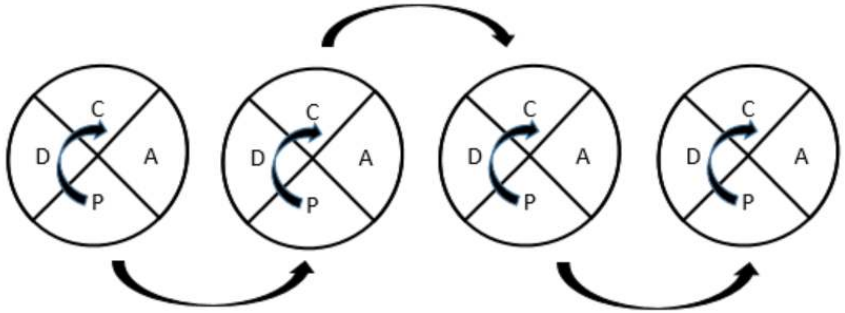
- EPR Audits demonstrating sustained drop in screening and time to antibiotics
- Learning relating to sepsis emerging in SI and Mortality reviews
- Negative Sepsis VLAD alerts
- Digital Health Team identified high number of sepsis alerts in ‘lights on’

Immediate Actions Taken

- EPR Modifications
- Clinical Education
- Establish Full Baseline Data
- Manual Sepsis Audits



EPR Modifications

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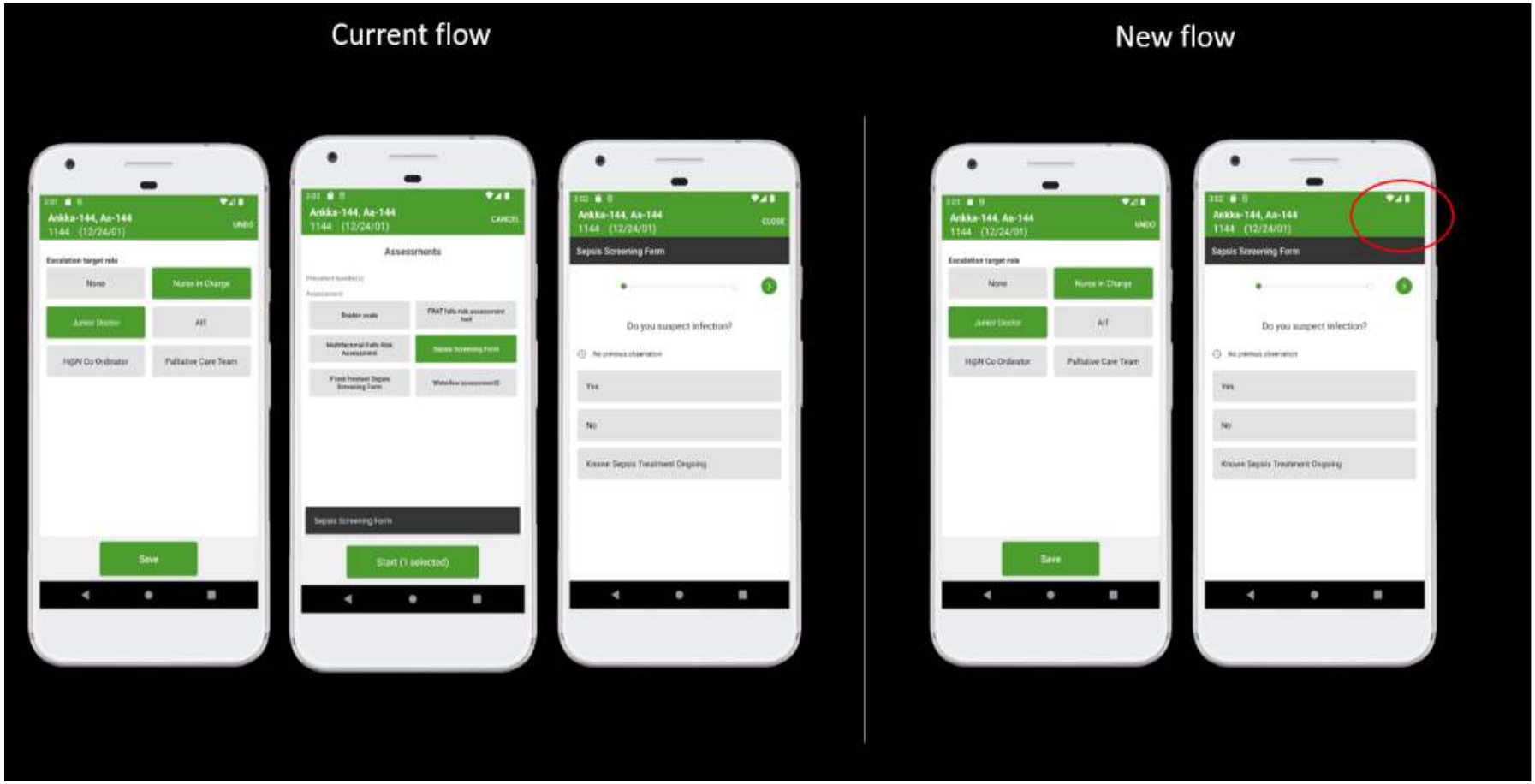

EPR Modifications

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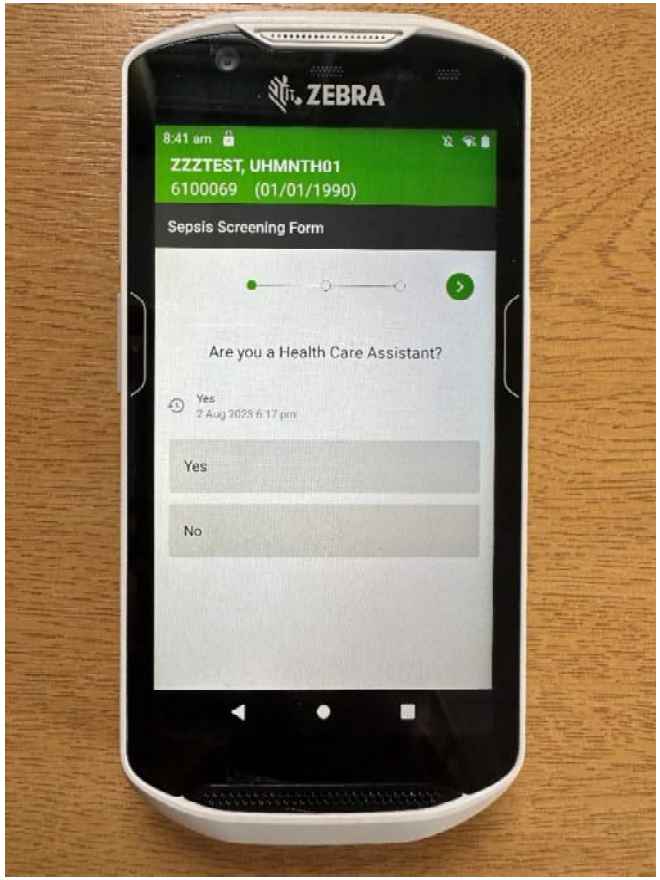
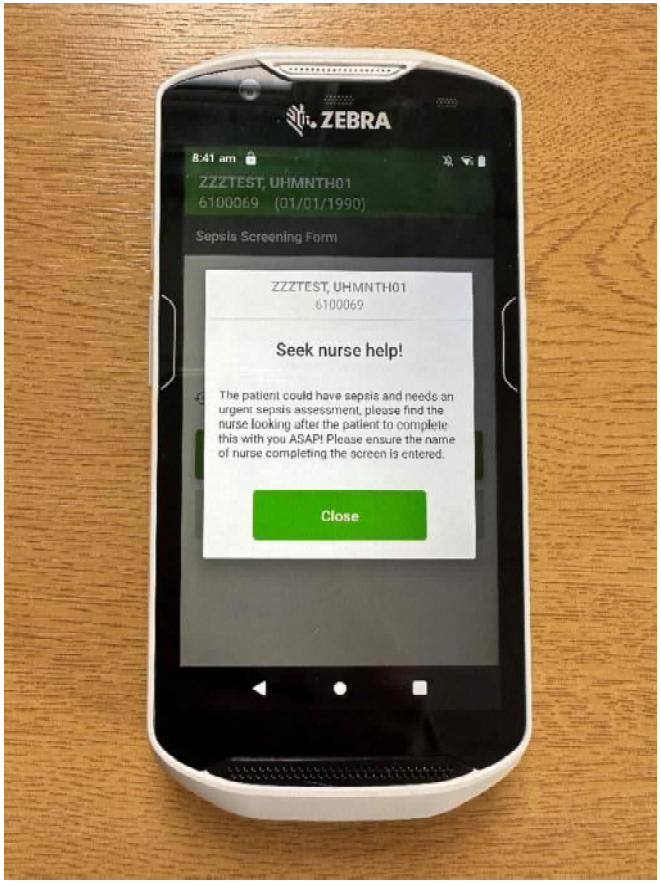
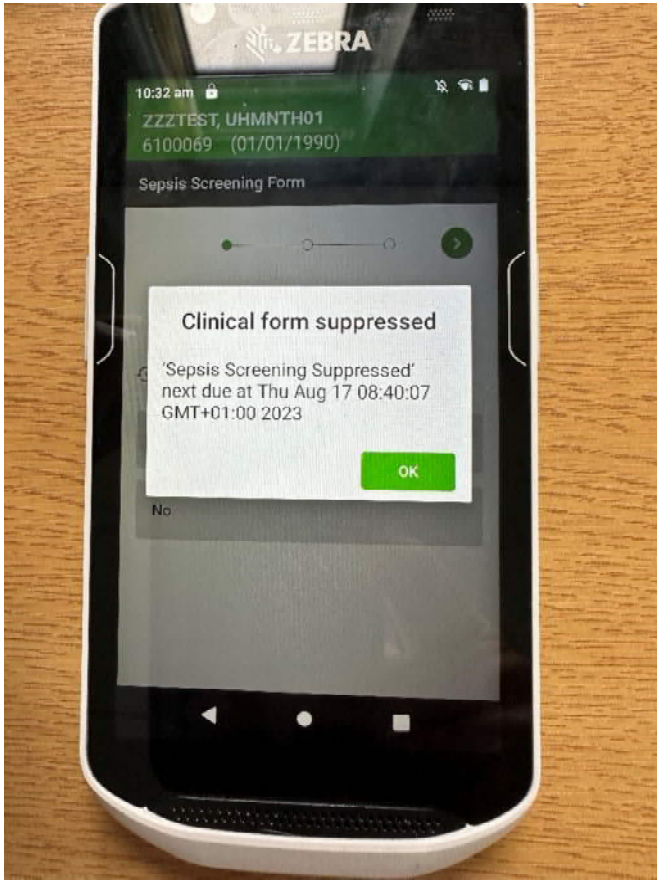
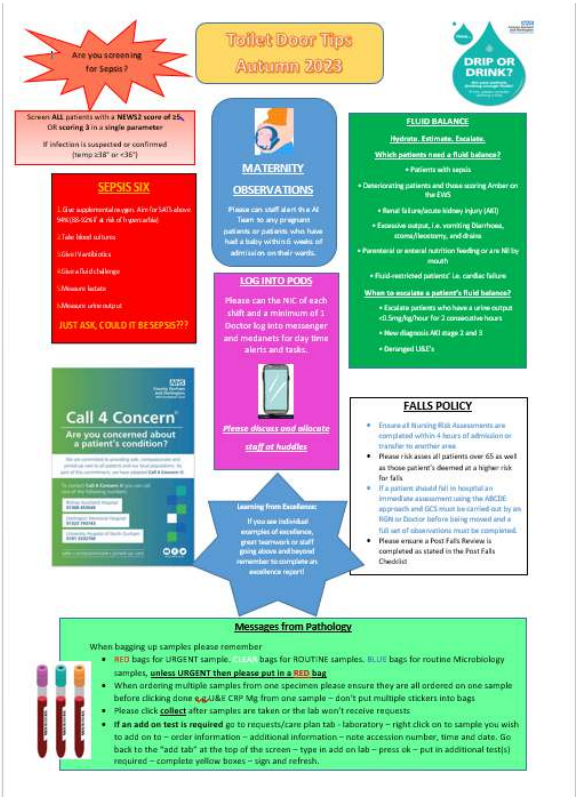
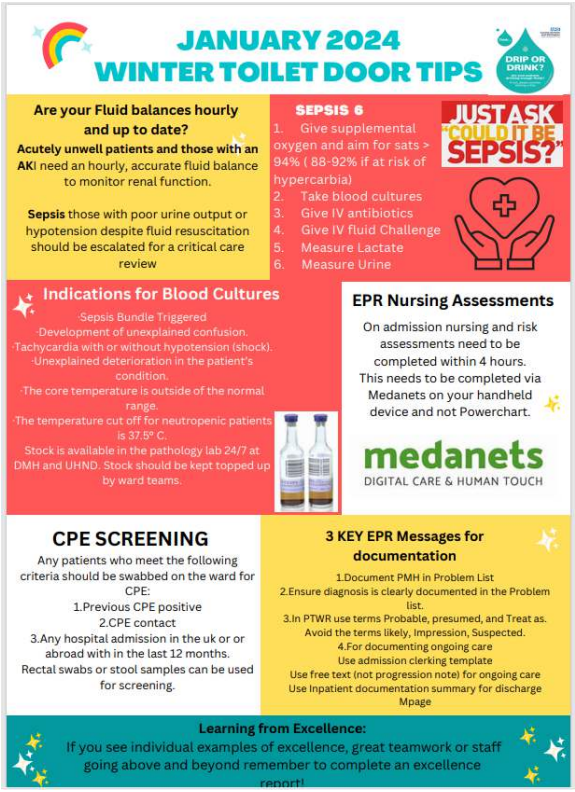






Clinical Education



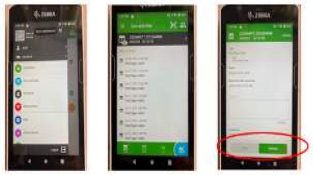


More Education…..

How often must I complete vital signs?

Medical Wards	Minimum Observation Frequency
0-2	12 hourly
3-5	6 hourly
6--8 (or any 3 in single parameter)	60 minutes
9+	30 Minutes
Any admission for first 24 hours	4 Hourly

How do I complete a set of vital signs?

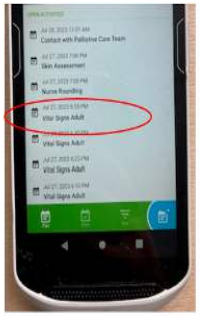


Select your patient, go into care activities and select the vital signs for the correct time due. Press perform

How do I escalate vital signs I am concerned about?

During 9-5pm Mon – Fri escalations are automated to the Nurse in Charge and Junior Dr. You can add or deselect accordingly by pressing on the green selected option. You should also speak to the clinical team as soon as possible. Out of hours escalations are routed to the H@N Co-ordinator

How do I know when vital signs are due?



How do I know if vital signs are overdue?

A clock face will show on the dashboard on top of the most recent NEWS score (grey colour)
You should not wait for this clock to appear – if a clock appears its late!

As a Nurse in Charge or Doctor how do I receive escalations about patients?

*You **must** log into Care Aware Connect Messenger and select your role at the start of your shift.*

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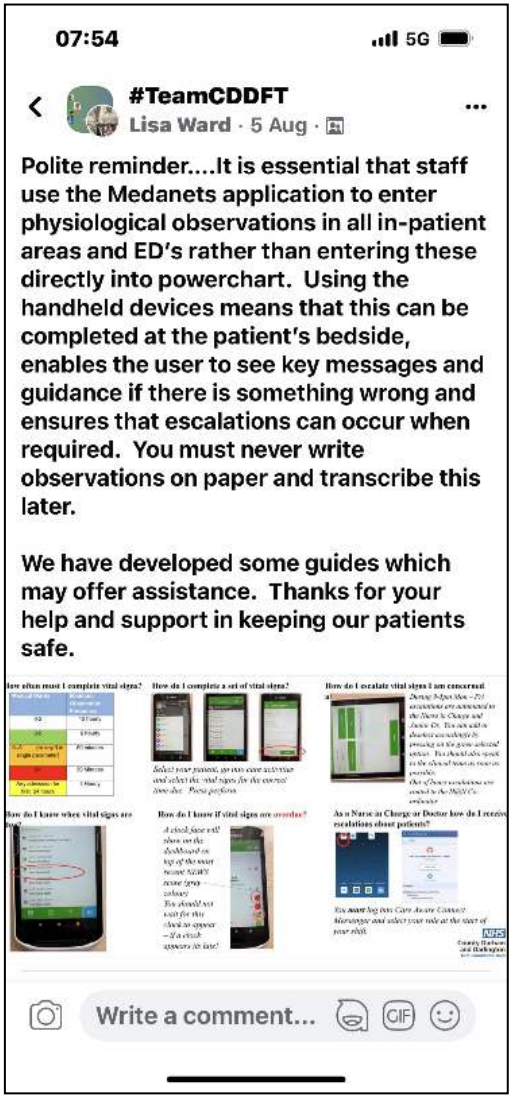

Appropriate Indications for Taking Blood Cultures

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- Chills or rigors
- Unexplained deterioration in the patient's condition
- Development of unexplained confusion
- There are focal signs of infection
- Tachycardia with or without hypotension (shock)
- Sepsis Bundle Triggered.
- The temperature cut off for neutropenic patients is 37.5° C
- A very high or very low white blood cell count
- If treatment with broad spectrum IV antibiotics is being initiated
- The core temperature is outside of the normal range.

Stock is available in the pathology lab 24/7 at DMH and UHND. Stock should be kept topped up by ward teams.

stop sepsis save lives

THE SEPSIS SIX
1. Give O2 to keep SATS above 94%
2. Take blood cultures
3. Give IV antibiotics
4. Give a fluid challenge
5. Measure lactate
6. Measure urine output

JUST ASK COULD IT BE SEPSIS?

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Sepsis Screening via Medanets

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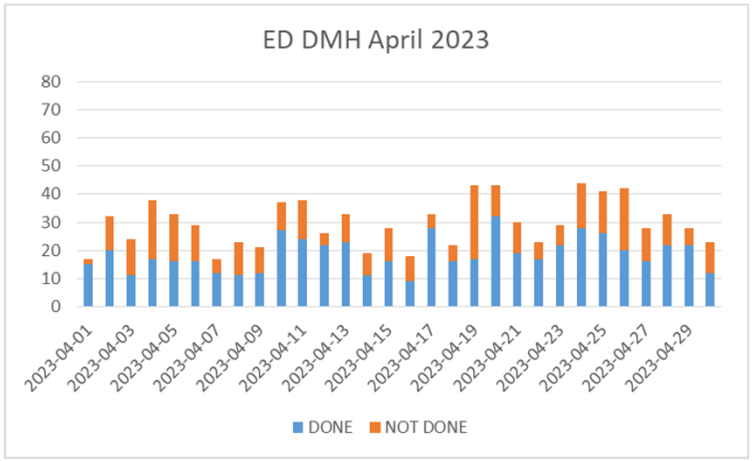
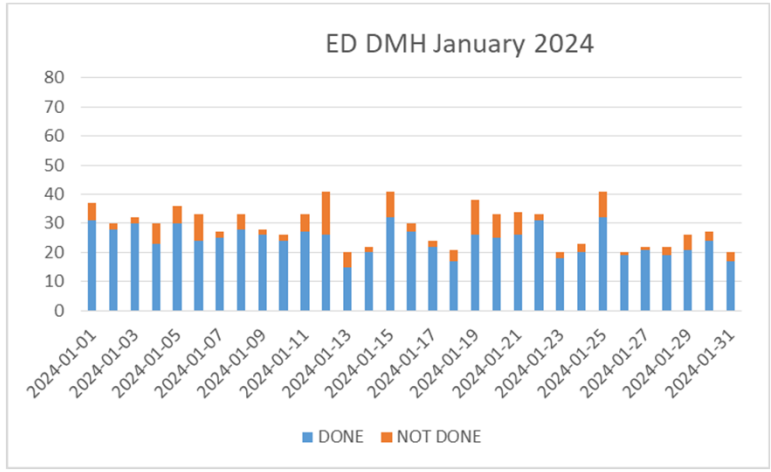
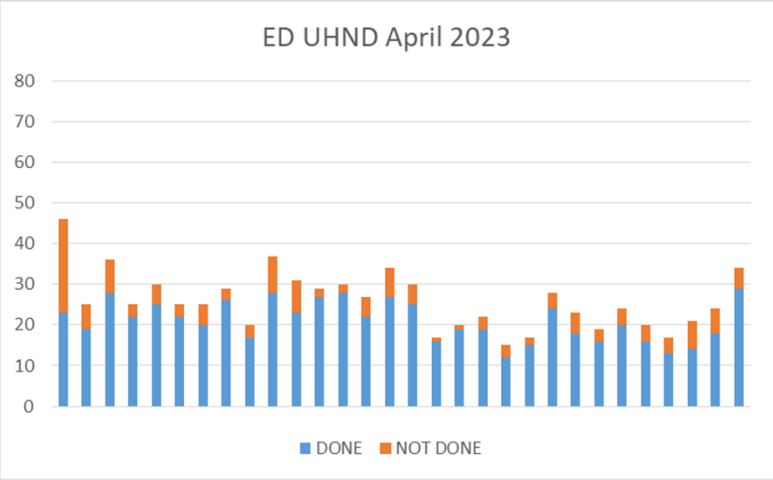


ORDER DT	DONE	NOT DONE	DMH ED %
2023-04-01	15	2	88%
2023-04-02	20	12	63%
2023-04-03	11	13	46%
2023-04-04	17	21	45%
2023-04-05	16	17	48%
2023-04-06	16	13	55%
2023-04-07	12	5	71%
2023-04-08	11	12	48%
2023-04-09	12	9	57%
2023-04-10	27	10	73%
2023-04-11	24	14	63%
2023-04-12	22	4	85%
2023-04-13	23	10	70%
2023-04-14	11	8	58%
2023-04-15	16	12	57%
2023-04-16	9	9	50%
2023-04-17	28	5	85%
2023-04-18	16	6	73%
2023-04-19	17	26	40%
2023-04-20	32	11	75%
2023-04-21	19	11	63%
2023-04-22	17	6	74%
2023-04-23	22	7	76%
2023-04-24	28	16	64%
2023-04-25	26	15	63%
2023-04-26	20	22	48%
2023-04-27	16	12	57%
2023-04-28	22	11	67%
2023-04-29	22	6	79%
2023-04-30	12	11	36%
Grand Total	559	336	62%

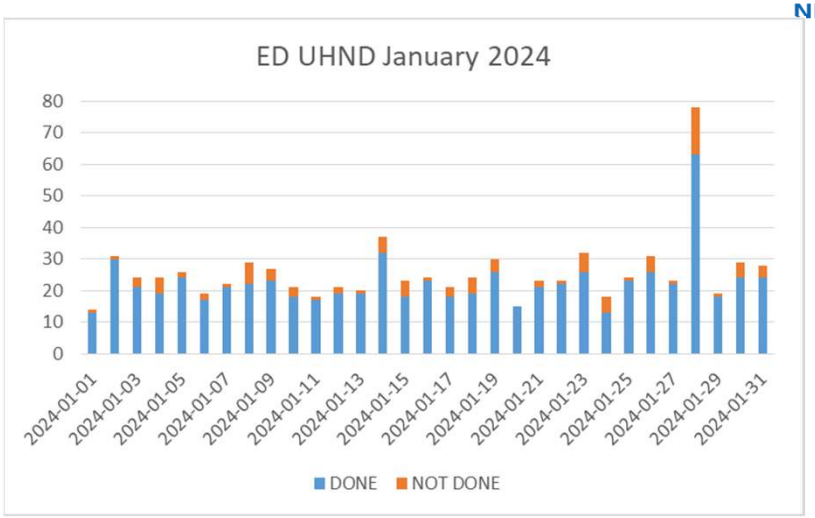


ORDER DT	DONE	NOT DONE	DMH ED %
2024-01-01	31	6	84%
2024-01-02	28	2	93%
2024-01-03	30	2	94%
2024-01-04	23	7	77%
2024-01-05	30	6	83%
2024-01-06	24	9	73%
2024-01-07	25	2	93%
2024-01-08	28	5	85%
2024-01-09	26	2	93%
2024-01-10	24	2	92%
2024-01-11	27	6	82%
2024-01-12	26	15	63%
2024-01-13	15	5	75%
2024-01-14	20	2	91%
2024-01-15	32	9	78%
2024-01-16	27	3	90%
2024-01-17	22	2	92%
2024-01-18	17	4	81%
2024-01-19	26	12	65%
2024-01-20	25	8	76%
2024-01-21	26	8	76%
2024-01-22	31	2	94%
2024-01-23	18	2	90%
2024-01-24	20	3	87%
2024-01-25	32	9	78%
2024-01-26	19	1	95%
2024-01-27	21	1	95%
2024-01-28	19	3	86%
2024-01-29	21	5	81%
2024-01-30	24	3	89%
2024-01-31	17	3	85%
Grand Total	754	149	84%

Sepsis Screening via Medanets



ORDER DT	DONE	NOT DONE	UHND ED %
2023-04-01	23	23	50%
2023-04-02	19	6	76%
2023-04-03	28	8	78%
2023-04-04	22	3	88%
2023-04-05	25	5	83%
2023-04-06	22	3	88%
2023-04-07	20	5	80%
2023-04-08	26	3	90%
2023-04-09	17	3	85%
2023-04-10	28	9	76%
2023-04-11	23	8	77%
2023-04-12	27	2	93%
2023-04-13	28	2	93%
2023-04-14	22	5	81%
2023-04-15	27	7	79%
2023-04-16	25	5	83%
2023-04-17	16	1	94%
2023-04-18	19	1	95%
2023-04-19	19	3	86%
2023-04-20	12	3	80%
2023-04-21	15	2	88%
2023-04-22	24	4	86%
2023-04-23	18	5	78%
2023-04-24	16	3	84%
2023-04-25	20	4	83%
2023-04-26	16	4	80%
2023-04-27	13	4	76%
2023-04-28	14	7	67%
2023-04-29	18	6	75%
2023-04-30	29	5	85%
Grand Tota	631	149	81%



ORDER DT	DONE	NOT DONE	UHND ED %
2024-01-01	13	1	93%
2024-01-02	30	1	97%
2024-01-03	21	3	86%
2024-01-04	19	5	79%
2024-01-05	24	2	92%
2024-01-06	17	2	89%
2024-01-07	21	1	95%
2024-01-08	22	7	76%
2024-01-09	23	4	85%
2024-01-10	18	3	86%
2024-01-11	17	1	94%
2024-01-12	19	2	90%
2024-01-13	19	1	95%
2024-01-14	32	5	86%
2024-01-15	18	5	78%
2024-01-16	23	1	96%
2024-01-17	18	3	86%
2024-01-18	19	5	79%
2024-01-19	26	4	87%
2024-01-20	15		100%
2024-01-21	21	2	91%
2024-01-22	22	1	96%
2024-01-23	26	6	81%
2024-01-24	13	5	72%
2024-01-25	23	1	96%
2024-01-26	26	5	84%
2024-01-27	22	1	96%
2024-01-28	63	15	81%
2024-01-29	18	1	95%
2024-01-30	24	5	83%
2024-01-31	24	4	86%
Grand Tota	696	102	87%

Sepsis Audit January 24 – EPR Vs Manual

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EPR Extraction ANTIBIOTICS COMPLIANCE	EPR Extraction IV FLUIDS	EPR Extraction BLOOD CULTURES	Manual Review	Manual Abx compliance	Manual IV Fluid compliance	Manual Blood Culture Compliance	02 Administered	Sepsis Diagnosis added to the problem list
NO	NO	YES	? Stroke, CT head NAD, treat as sepsis	No	No	NO	YES	yes
YES	NO	NO	Consultant advise not to treat with abx, CT head NAD, LP NAD, treated as	Not applicable	Not applicable	Not applicable	Not clinically indicated	No
NO	NO	NO	Met criteria for sepsis in ED, not screened properly, patient not septic, NOF	Not applicable	Not applicable	Not applicable	Not clinically indicated	No
NO	No	NO	Met criteria for Sepsis in ED, patient treated for frailty, ? Undiagnosed COPD	Not applicable	Not applicable	Not applicable	Not clinically indicated	No
NO	No	NO	Screen on 1.1.24, abx already commenced on 30.12.23	YES	No	No	Not indicated at first screen	No
NO	NO	No	Not sepsis, patient GI bleed	Not applicable	Not applicable	Not applicable	Not clinically indicated	No
No	No	No	Not sepsis, GI bleed	Not applicable	Not applicable	Not applicable	Not clinically indicated	Yes
No	No	No	Patient had chemo, triggered sepsis, screened correctly, abx & IVT given	Yes	Yes	No	Not clinically indicated	No
Yes	Yes	NO	Screened correctly, patient met criteria	Yes	Yes	No	Not clinically indicated	No
Yes	Yes	No	Fainting episode, not sepsis, received tx within timeframe	Yes	Yes	No	Not clinically indicated	No

Sepsis 6 compliance within 1 hour

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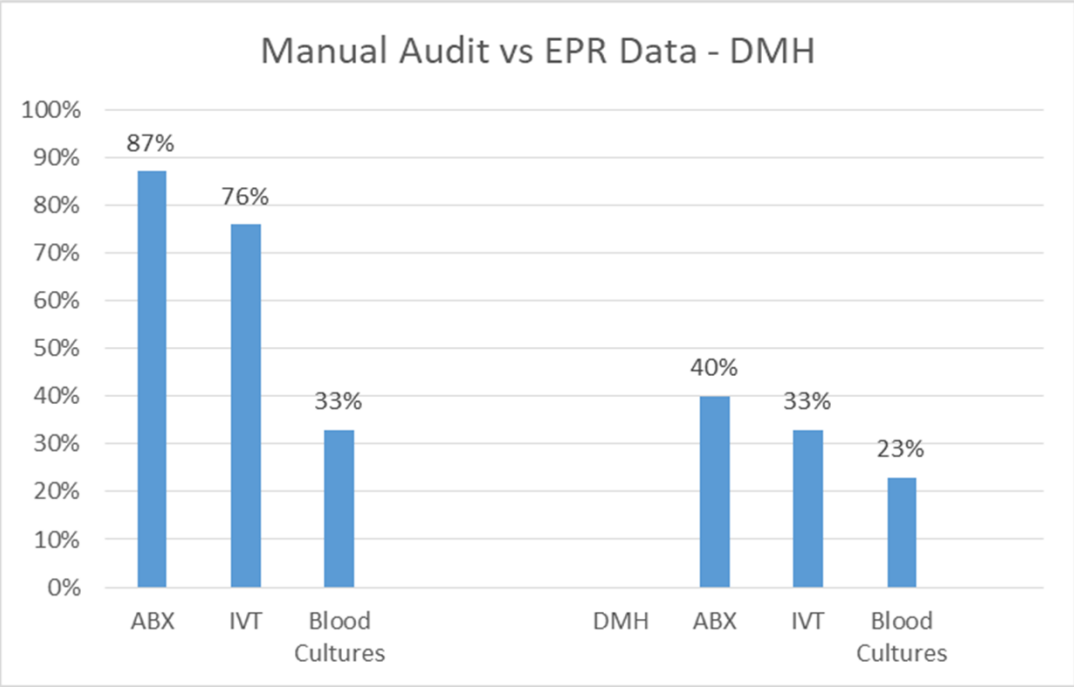
EPR Data Vs Manual Audit

DMH	ABX	IVT	Blood Cultures
EPR Data	40%	33%	23%

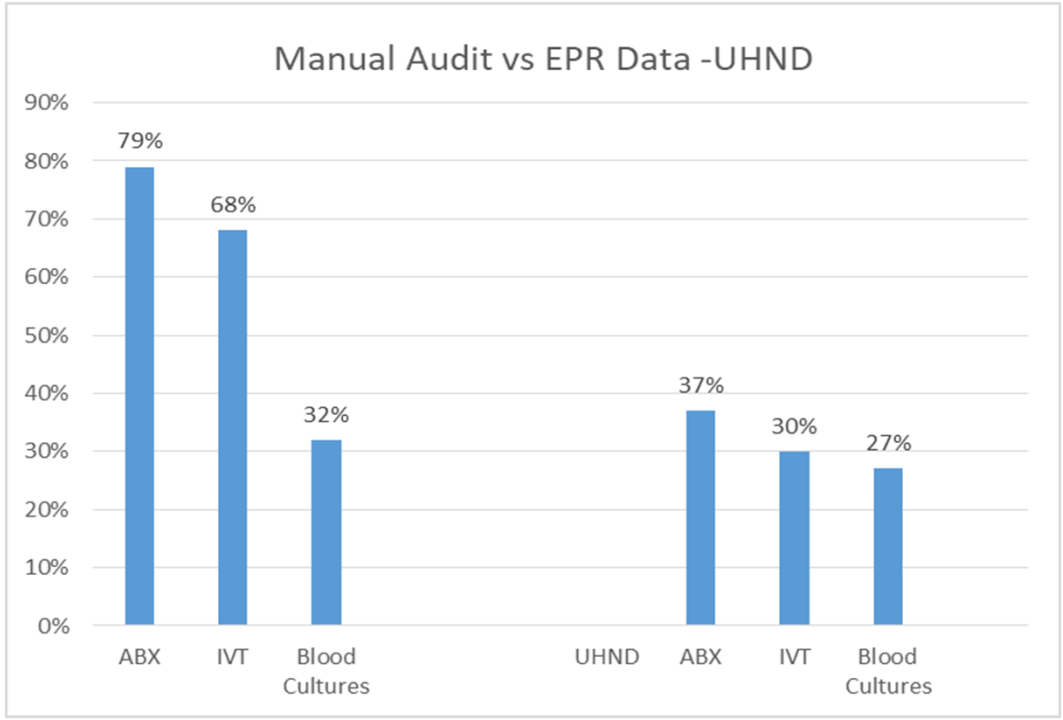
DMH	ABX	IVT	Blood Cultures
Manual Audit	87%	76%	33%



EPR Data Vs Manual Audit

UHND	ABX	IVT	Blood Cultures
EPR Data	37%	30%	27%

UHND	ABX	IVT	Blood Cultures
Manual Audit	79%	68%	32%



In Progress

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Sepsis In ED

Confirmed Sepsis = Positive Sepsis Screen

This patient requires a review by the clinician and treatment prescribing if appropriate.

Wording to change to ?Sepsis – Dr Needed

Not Sepsis = Negative Sepsis Screen

This patient requires a review by the clinician and consider treatment for Infection or other diagnosis if appropriate

Sepsis = Sepsis Confirmed and Care plan commenced

Next Steps

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- Monthly Sepsis meetings
- Continue with targeted improvement work with all staff
- Blood Culture Task & Finish Group
- Continue Manual Auditing
- Trial sepsis box on one ward at UHND to measure sepsis compliance back of house
- Patient Story and Public Sepsis Engagement Event